



TEMPORARY SIGN PERMIT APPLICATION

1. PROJECT INFORMATION			
Project Address:		Project Description:	
Name of Business:			
Valuation of Job: \$		Number of Businesses on Lot: _____	
Zoning:			
Property Line Setbacks: Front _____ Side _____ Rear _____		Property Easements: Yes _____ No _____	
Lot/Tract:	Block:	Subdivision/Survey:	Lot Size: (sq. ft.)
Period Of Time: 1 60-day: _____ 2 30-day _____ 4 15-day _____ 7-day G.O. extension _____			30-Day Gap Met: _____
Sign Type: Portable Sign _____ Banner _____ Pennants _____ Streamers _____ Balloons _____ Other _____			
Sign Area: _____		Number of Signs: _____	
		Other: _____	
2. BUILDING OWNER INFORMATION			
Name:		Address:	
Phone:		Fax:	Email:
3. SIGNAGE / CONTRACTOR INFORMATION			
Name:		Address:	
Phone:		Fax:	Email:
4. PLEASE READ CAREFULLY			
<ul style="list-style-type: none"> ➤ Attach three (3) copies of the Signage Site Plan and Signage Elevations showing building dimensions and square footages of the signage areas. ➤ All signs with lighting must have an Underwriters Laboratory label affixed to cabinet and electrical. Electrical cords are to be placed in conduit if exceed 10 ft. in length. ➤ Be advised incomplete applications may be rejected, denied or cause permit processing delays. ➤ This permit becomes null and void if work authorized is not commenced within 180 days of issuance or if work is suspended or abandoned for a period of 180 days at any time after work is commenced. ➤ I hereby certify that I am the property owner or their authorized agent, and have the owner's consent to apply for the permit requested and receive all subsequent communications and business related to this application. I further certify that the information provided is true and correct to the best of my knowledge. This work shall comply with all provisions of laws and ordinances, whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any federal, state or local law regulating construction or the performance of construction. 			
Signature of Applicant:		Date:	
Printed Name of Applicant:		Phone:	
Email:		Fax:	

Code Administration Division
 Development Services Department
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Ver: 8/30/10